

Work Order ID 107978

October-07-13 9:04:49 AM

\*107978\*

Page 1

Item ID: D3262-5

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Cap

Stop

\*NS2\*

Start Date: 10/07/13 Start Qty: 4.00

\*4\*

Cust Item ID:

Required Date: 10/07/13 Req'd Qty: 4.00

\*4\*

Customer:

Reference:

Approvals: Process Plan: M-5

Date: 13-10-08

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr								
D3262	E								
100	BAND SAW	0.00							
*100*	Memo	0.00							
Bandsaw	Cut blanks: 6.000" x 0.500" x 5.400" long Bar								
Jeaspa Bandsaw									

110

\*110\*

HAAS 1

HAAS CNC vertical machine #1

0.00

HAAS CNC VERTICAL MACHINING #1

Memo

0.00

Machine as per dwg D3262

Machine as per Folio FA902 and Dwg D3262

FOLIO REV: AA

DWG REV: E

TAP USING JIG DT9636

Deburr

D-100  
13-10-08  
X4

D-110  
13-10-22  
X4

PJO →

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA *[Signature]*

Date:

B74105

QA Closed: *[Signature]*

Date:

13/10/30

Work Order: <u>102978</u>	DISPOSITION	AGAINST DEPARTMENT/PROCESS				
Part No. <u>D3262-5</u>	Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input checked="" type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input checked="" type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>	
NCR No. <u>B-3183</u>						

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data	13/10/22	110	x1	used wrong endmill for finishing pocket to size supposed to have a .062" rad on inside edges operator used a 3/8" endmill with a .032" rad RC operator sight verify RAD before run End mill	<i>13/10/22</i>	ACCEPTABLE DEVIATION.	<i>R1 DAS 16 9-89</i> <i>13/10/22</i>	DAS 16 9-89	DAS 16 9-89
Equip/Tooling									
Operator	X								
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

## FAULT CATEGORY

Landing Gear	General				
Bending	Bend			Ovalized	Pressure/Forced
Centre Not Concentric to O/S	BOM/Route			Over/Under tolerance	Temperature/Cure
Cracks	Broken/Damaged			Part Incorrect	Weld
Crushed/Crimped.	Burrs			Part Lost/Missing	Wrong Stock Pulled
Cuffs	Contamination			Part Moved	
Heat Treat	Countersink			Positioned Wrong	
Inspection Strip in Tube	Cut Too Short			Power Loss/Surge	
Ripples in Bend	Drill Holes			<i>used endmill with wrong rad</i>	Other
Torque Waves in Extrusion	Drawing				
Turning Sequence	Finish				
Wave/Twist in Tube	Folio				

**Work Order ID 107978****\*107978\***

Page 2

October-07-13 9:04:49 AM

Item ID: D3262-5

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Cap

Stop

**\*NS2\***

Start Date: 10/07/13 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 10/07/13 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 <b>*120*</b> QC	QC2- Inspect parts off machine FAI/FAIB	0.00	DAS 44 9-09	131025	13-10-22				
Quality Control	Memo	0.00							
130 <b>*130*</b> QC	QC8- Inspect parts - second check	0.00	DAS 44 9-09	131023	13-10-23	4	0		
Quality Control	Memo	0.00							
140 <b>*140*</b> Packaging	Identify as per dwg & Stock Location: <u>WA003</u>	0.00							
Packaging	Memo	0.00							

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <hr/> <hr/> <hr/>		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <hr/> <hr/> <hr/>	

**Work Order ID 107978**

October-07-13 9:04:49 AM

**\*107978\***

Page 3

**Item ID:** D3262-5

Accept

**\*N900040100\***

Setup

Start

**\*NS1\*****Revision ID:****Item Name:** Cap

Stop

**\*NS2\*****Start Date:** 10/07/13    **Start Qty:** 4.00**\*4\*****Cust Item ID:****Required Date:** 10/07/13    **Req'd Qty:** 4.00**\*4\*****Customer:****Reference:****Approvals:** **Process Plan:****Date:** \_\_\_\_\_**Tooling:** \_\_\_\_\_**Date:** \_\_\_\_\_

Run

Start

**\*NR1\*****QC:** \_\_\_\_\_**Date:** \_\_\_\_\_**SPC (Y/N):** \_\_\_\_\_**Date:** \_\_\_\_\_

Stop

**\*NR2\*****Sequence ID/  
Work Center ID****Operation  
Description****Set Up/  
Run Hours****Tool ID****Tool #****Plan  
Code****Accept  
Qty****Reject  
Qty****Reject  
Number****Insp.  
Stamp**

150

**\*150\***

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

**Memo**

0.00

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS										
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>										
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>										
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>										
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
														<input type="checkbox"/> Other	

# Picklist Print

October-07-13 9:04:49 AM

Page 1

Work Order ID: 107978

Parent Item: D3262-5

Start Date: 10/07/13

Required Date: 10/07/13

Parent Item Name: Cap

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP REV:A NEW ISSUE 10-01-19 JLM VERIFIED BY:EC  
DD 10.05.10 verified :EC IPP Rev:B as per ECN10-571

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6B0.500X06.000 6061-T6 Bar .500 x 6.00		Purchased	No			100	f	54.8343	0.96	4.0421052		BT 13-10-78	

Location	Loc Qty	Loc Code
MAT005	54.8342632	
112567	0.8192632	
122521	18.015	X 1.821
m126647	36	

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			<b>DISPOSITION</b>		<b>AGAINST DEPARTMENT/PROCESS</b>					
			<input type="checkbox"/> Rework	<input type="checkbox"/> Skid-tube	<input type="checkbox"/> Crosstube	<input type="checkbox"/> Water Jet	<input type="checkbox"/> Engineering			
			<input type="checkbox"/> Scrap	<input type="checkbox"/> Machining	<input type="checkbox"/> Small Fab	<input type="checkbox"/> Prod. Eng. Coor.	<input type="checkbox"/> Quality			
			<input type="checkbox"/> Use-as-is	<input type="checkbox"/> Thermoforming	<input type="checkbox"/> Finishing	<input type="checkbox"/> Rec/Store/Packaging	<input type="checkbox"/> Other			
			<input type="checkbox"/> Work Order Update	<input type="checkbox"/> Large Fab	<input type="checkbox"/> Composite	<input type="checkbox"/> Supplier				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
<b>FAULT CATEGORY</b>										
<b>Landing Gear</b>	<b>General</b>									
	<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
	<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
	<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
	<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved						
	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong						
	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge						
	<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset	<input type="checkbox"/> Other						
	<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
	<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							

ITEM	QTY 041	P/N	DESCRIPTION
	X	D3262-041	CANISTER ASSEMBLY
1	1	D3262-1	TUBE
2	2	D3262-3	CAP

D

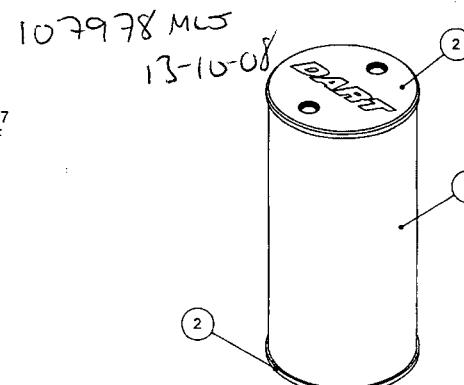
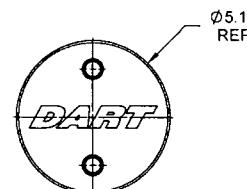
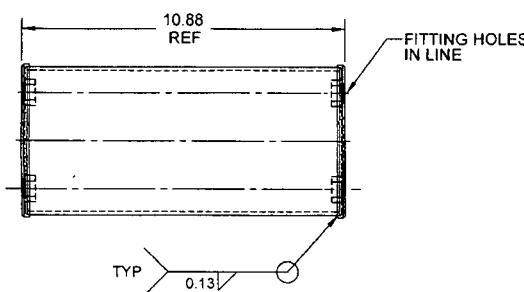
D

C

C

B

B



### D3262-041 CANISTER ASSEMBLY

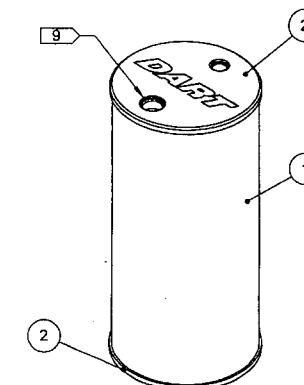
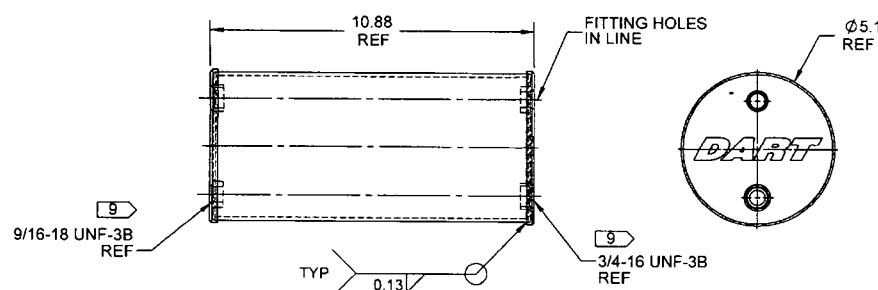
**RELEASED**  
2010-05-07  
NM

NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: CHEMICAL CONVERSION COAT PER QSI 005 4.1  
POWDER COAT ASSEMBLY WHITE (4.3.5.1) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3262-041" AND B/N USING FINE POINT PERMANENT INK MARKER
- 7) WEIGHT: 2.51 lbs
- 8) LIQUID PENETRANT INSPECT PER ASTM E1417 LEVEL 1 OR  
PRESSURIZE TO 10 psi AND SUBMERGE UNDER WATER TO CHECK FOR LEAKS

E	0.25 WAS 0.45 (ZNC7-4, C7-5); 0.13 WAS 0.33 (ZN B7-4, B7-5); ADD DIMENSION (ZN B1-4, D1-5, B1-5)	RF	10.05.03
D	ADD D3262-043/-5 (ZN B5-2; B5-5); REVISE DIMENSIONS TO EQUAL TOOL DIMENSIONS (ZN B2-4, C2-4) PER CAR 09-004	RF	09.12.30
C	Ø5.165 WAS Ø5.190	RF	06.08.31
B	ADD PRESSURE TESTING OPTION	MB	05.02.14
A	NEW ISSUE	RF	04.05.06
REV.	DESCRIPTION	BY	DATE
DESIGN	RF	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO.	REV. E
MFG. APPR.		D3262	SHEET 1 OF 5
APPROVED		TITLE	SCALE
DE APPR.		FUEL PURGE CANISTER	NTS
DATE	10.05.03	COPYRIGHT © 2004 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL. IT IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY OTHER PURPOSE OR DISCLOSED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

ITEM	QTY -043	P/N	DESCRIPTION
	X	D3262-043	CANISTER ASSEMBLY
1	1	D3262-1	TUBE
2	2	D3262-5	CAP



D3262-043 CANISTER ASSEMBLY

NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: CHEMICAL CONVERSION COAT PER QSI 005 4.1  
POWDER COAT ASSEMBLY WHITE (4.3.5.1) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3262-043" AND B/N USING FINE POINT PERMANENT INK MARKER
- 7) WEIGHT: 2.50 lbs
- 8) LIQUID PENETRANT INSPECT PER ASTM E1417 LEVEL 1 OR  
PRESSURIZE TO 10 psi AND SUBMERGE UNDER WATER TO CHECK FOR LEAKS
- 9) WELD CAPS WITH 3/4-16 TAP TOP HOLE IN LINE WITH 9/16-18 TAP BOTTOM HOLE

RELEASED  
2010-05-07  
AM

DESIGN	RF	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>[Signature]</i>		REV. E
MFG. APPR.	<i>[Signature]</i>	D3262	SHEET 2 OF 5
APPROVED	<i>[Signature]</i>	TITLE	SCALE
DE APPR.	<i>[Signature]</i>	FUEL PURGE CANISTER	NTS
DATE	10.05.03	COPYRIGHT © 2004 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OTHER THAN THE ORIGINAL INTENDED PURPOSE OR BY ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

D

C

B

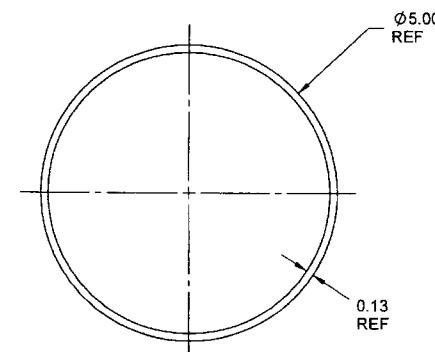
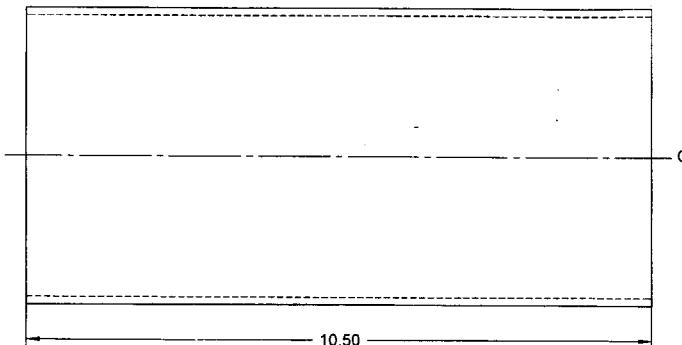
A

D

C

B

A

D3262-1 TUBE

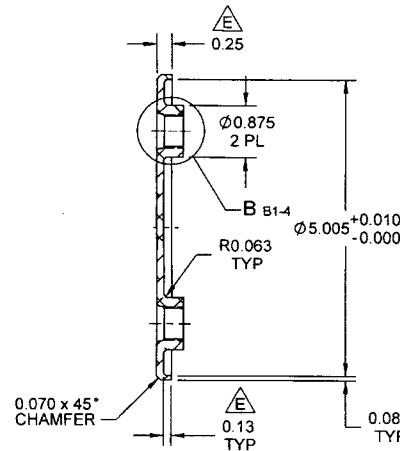
**RELEASED**  
2010-05-07  
*[Signature]*

**NOTES:**

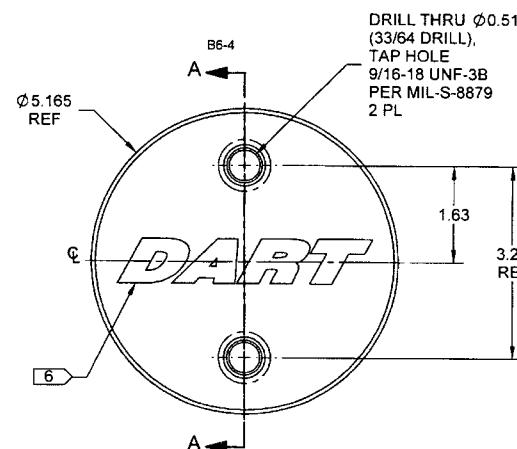
- 1) MATERIAL: 6061-T6 OR 6061-T62 ALUMINUM TUBING, 5.00 OD x 0.125 WALL PER VW-T-700/6 OR AMS 4080 OR AMS 4082 OR QQ-A-200/8 OR QQ-A-225/8 REF. DART SPEC. M6061T6T5.000W.125
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 1.96 lbs
- 8) PART IS SYMMETRICAL ABOUT CENTERLINE

DESIGN	RF	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>[Signature]</i>	DRAWING NO.	REV. E
MFG. APPR.	<i>[Signature]</i>	D3262	SHEET 3 OF 5
APPROVED	<i>[Signature]</i>	TITLE	SCALE
DE APPR.	<i>[Signature]</i>	FUEL PURGE CANISTER	NTS
DATE	10.05.03	COPYRIGHT © 2004 BY DART AEROSPACE LTD	
		THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR DISSEMINATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD	

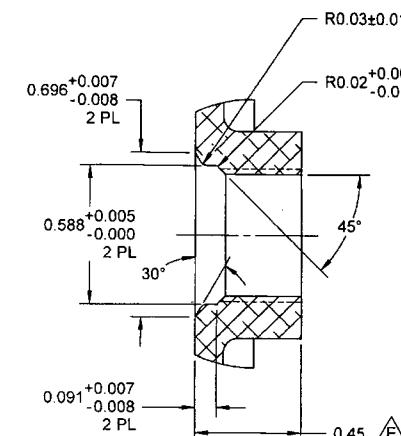
107978



SECTION A-A C5-4



D3262-3 CAP

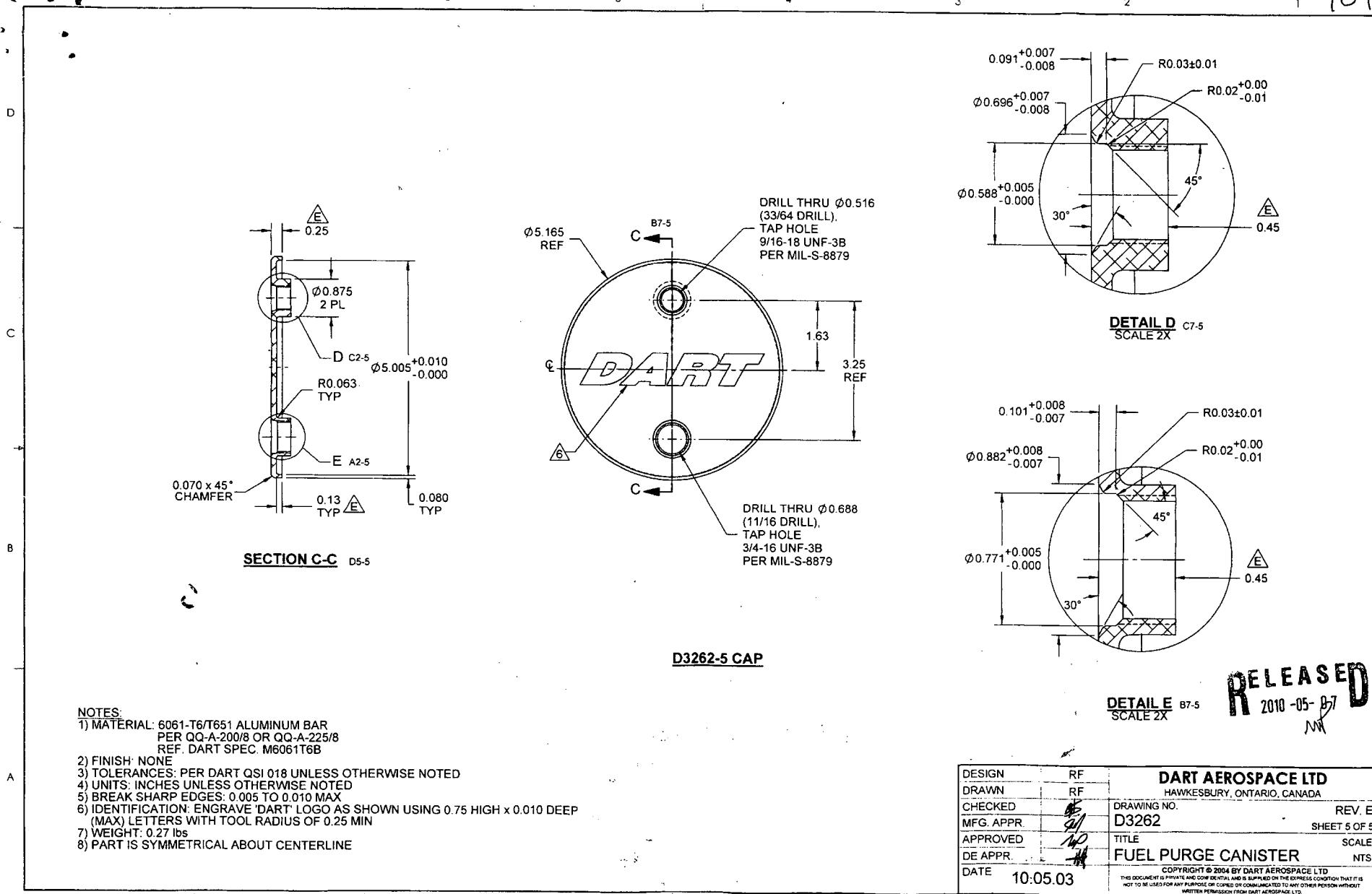
DETAIL B C7-4  
SCALE 2XRELEASED  
2010-05-07 AM

## NOTES:

- 1) MATERIÁL: 6061-T6/T651 ALUMINUM BAR  
PER QQ-A-200/8 OR QQ-A-225/8  
REF. DART SPEC. M6061T6B
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: ENGRAVE 'DART' LOGO AS SHOWN USING 0.75 HIGH X 0.010 DEEP  
(MAX) LETTERS WITH TOOL RADIUS OF 0.25 MIN
- 7) WEIGHT: 0.28 lbs
- 8) PART IS SYMMETRICAL ABOUT CENTERLINE

DESIGN	RF	DART AEROSPACE LTD
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA
CHECKED	<i>[Signature]</i>	REV. E
MFG. APPR.	<i>[Signature]</i>	DRAWING NO.
APPROVED	<i>[Signature]</i>	SHEET 4 OF 5
DE APPR.	<i>[Signature]</i>	TITLE
DATE	10.05.03	SCALE

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DESIGN	RF	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	REV. E	DRAWING NO.	
		D3262	
MFG. APPR.	2011	REV. 5 OF 5	
APPROVED	NO	TITLE	SCALE
DE APPR.		FUEL PURGE CANISTER	
DATE	10-05-03	NTS	

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DART AEROSPACE LTD	Work Order:	107978
Description: Cap	Part Number:	D3262-5
Inspection Dwg: D3262 Rev: E		Page 1 of 1

### FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
0.45	+/-0.030	.435	/		vern	ZT-4
0.25	+/-0.030	.261	/			
Ø0.875	+/-0.010	.873	/			
Ø5.005	+0.010/-0.000	5.005	/			
R0.063	+/-0.010	0.063	/			
0.080	+/-0.010	0.080	/			
0.13	+/-0.030	0.130	/			
0.070 x 45°	+/-0.010 x 0.5°	0.076	/			
Ø5.165 Ref	+/-0.010	5.166	/			
1.63	+/-0.030	1.630	/			
3.25 Ref	+/-0.030	3.249	/			
9/16-18 UNF-3B	N/A					
3/4-16 UNF-3B	N/A					
0.091	+0.007/-0.008	.090	/			
R0.03	+/-0.010	.030	/			
R0.02	+0.00/-0.01	.020	/			
45°	+/-0.5°	45°	/			
30°	+/-0.5°	30°	/			
Ø0.588	+0.005/-0.000	.590	/			
Ø0.696	+0.007/-0.008	.690	/			
0.101	+0.008/-0.007	0.101	/			
R0.03	+/-0.010	.030	/			
R0.02	+0.00/-0.01	.020	/			
45°	+/-0.5°	45°	/			
30°	+/-0.5°	30°	/			
Ø0.771	+0.005/-0.000	.775	/			
Ø0.882	+0.008/-0.007	.876	/			

Measured by:	DJ	Audited by:	44	Preliminary Approval:	
Date:	13-10-22	Date:	13/10/23	Date:	

Rev	Date	Change	Revised by	Approved
A	10.06.07	New Issue	KJ	AS